No. 2014 P. 10 PRINTED: 02/14/2011 DEPARTMENT OF HEALTH AND HU 1 SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445388 02/07/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **67 GENERATIONS DRIVE** GENERATIONS CENTER OF SPENCER SPENCER, TN 38585 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) K 038 NFPA 101 LIFE SAFETY CODE STANDARD K 038 The facility failed to maintain 02-11-11 SS=E exits, 100 and 200 hall exit Exit access is arranged so that exits are readily doors were covered in Valentine accessible at all times in accordance with section decorations. 1921 The decorations were removed on 02-07-11 by the activities director/ C.N.A. An in-service was conducted on 02-11-11 by the quality assurance director/ L.P.N. for all staff on maintaining This STANDARD is not met as evidenced by: exits to ensure freedom of hazards. Based on observations it was determined the Every tow hours an environmental facility failed to maintain the exits. check will be completed by the The findings include: maintenance personnel to include visual checks of exit doors and Observations of the 100 and 200 hall exit doors signs. The safety officer/ C.N.A. on 2/7/11 at 9:25 AM, revealed the doors were will complete a weekly inspection cover up with valentine decorations. National Fire at random of exit doors for the Protection Association (NFPA) 101, 7.5.2.2 next ninety (90) days to ensure compliance with the environmental These findings were acknowledged by the checks, then monthly thereafter Administrator and verified by the Director of and report findings to the quality Maintenance at the exit conference on 2/7/11. assurance director/ L.P.N. NFPA 101 LIFE SAFETY CODE STANDARD K 050 K 050 SS=D The facility failed to train the 02-14-11 Fire drills are held at unexpected times under staff in fire drills. The varying conditions, at least quarterly on each shift. maintenance director and The staff is familiar with procedures and is aware administrator educated all laundry, that drills are part of established routine. Responsibility for planning and conducting drills is housekeeping, and maintenance personnel on 02-11-11 to turn off assigned only to competent persons who are washers and dryers during fire qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded drills and alarms, A fire drill announcement may be used instead of audible was conducted on 02-14-11 to alarms. 19,7,1,2 ensure compliance and both washers

This STANDARD is not met as evidenced by: LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

cont. to next page: TITLE

(X6) DATE

Hoministrator

and dryers were turned off during the drill, Fire drills will continue to be conducted monthly to include

2/2/11

Any seficiency-statement ending with an esterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HU SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2011 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(X2) MULT	IPLE CONSTR	RUCTION	(X3) DATE SURVEY
(i)		A BUILDIN	IG 01 - N	MAIN BUILDING 01	COMPLETED
	445388	B. WING _			02/07/2011
NAME OF PROVIDER OR SUPPLIER	A BUILDING 01 - MAIN BUILDING 01 A BUILDING 01 - MAIN BUILDING 01 B. WING				
GENERATIONS CENTER OF SPENCER			7 GENERAT	IONS DRIVE	
	Million (1966) Albania (Albania) Albania		PENCER,	TN 38585	92_5
PREFIX ! (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EAC	H CORRECTIVE ACTION SHOU REFERENCED TO THE APPRI	JLD BE COMPLETION
K 050 Continued From p	age 1	K 050	cont.	from previous pag	ge;
		11 000	monitor	ing of laundry roo	om 02-14-11
facility failed to trai	n the staff in fire drills.				
The fieldings in street					
The findings includ	ie;		on fire	drills. The safet	y officer/ C.N.A
Observation during	the fire drill on 2/7/11 at 9:23				
: AM, revealed the s	taff did not turn off the dryers				
located in the laun	dry room. National Fire		to the	quality assurance	director/
Protection Associa	tion (NFPA 101, 19.7,2.3		L.P.N.	The quality assura	ince
This finding was a	knowledged by the				
Administrator and	verified by the Director of		and make	e recommendations	as needed.
Maintenance at the	e exit conference on 2/7/11	4		•	
K 052 NFPA 101 LIFE SA	AFETY CODE STANDARD	K 052	The fac:	l ility failed to ma	intain 02_11_11
SS=D A fire alarm system	required for life autobalia		the fire	alarm. The maint	enance
· Linstalled, tested ar	nd maintained in accordance		director	r and administrato	or,
with NFPA 70 Natio	onal Electrical Code and NFPA		conducte	ed an environmenta	1 check
72. The system ha	s an approved maintenance				
and testing program	n complying with applicable		alarm pu	ill stations were	clear
requirements of NF	PA 70 and 72. 9.6.1.4		or eduri	ment of other obs	tacles.
į .		į	02-11-11	by quality assur	ance
Ì	*	Ì	director	/ L.P.N. for all	staff
i			to educa	te on access and	availability
		į	of fire	pull stations. An	
		İ	environm	ental check will	be completed
		į	every tw	o (2) hours by ma l to include visu	intenance
Tr	20 20 200	l	of fire	alarm pull statio	ns The
This STANDARD	s not met as evidenced by:	1	safety o	fficer/ C.N.A. wi	11
facility failed to main	on it was determined the ntain the fire alarm system.	į.	complete	a weekly inspect	ion of
would rende to man	ment are me arann system.		fire ala	rm pull stations :	for the
The findings include	e:	į	next nin	ety (90) days to	ensure
01				ce with environmen	
Observation of the	front lobby on 2/7/11 at 9:05			then monthly there (6) months and rep	
blocked with equipm	e alarm pull station was nent. National Fire Protection	j		next page:	horr :
DRM CMS-2557(02-99) Previous Versions	- 1	į	000 TO TO TO	r.o	

DEPARTMENT OF HEALTH AND HU.... SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2011 FORM APPROVED OMB NO. 0938-0391

CTITELIEN		C. WEDION OF OFTINION				OMB NO	. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING		\$ 100 miles 100	(X3) DATE SURVEY COMPLETED	
		445388	B. WING)		02/0	7/2011
NAME OF I	PROVIDER OR SUPPLIER		13	STREET ADDRE	SS, CITY, STATE, ZIP CODE	Addisorded to the second	
GENERATIONS CENTER OF SPENCER		×		TIONS DRIVE		15	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	! DI	ROVIDER'S PLAN OF CORREC	TION	1
PRÉFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	i (EAC	CORRECTIVE ACTION SHO S-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
K 052	Continued From pa	ige 2	K OE	cont	t. from previous	page:	1
	Association (NFPA		1, 00		gs to the quality		02-11-11
	rice of Later (111 1) (772, 2-0.2.1		assurar	ace director/ L.P	N The	uality
	This finding was ac	knowledged by the		98811791	nce committee w11	1 rouses	quarrey
	Administrator and v	rerified by the Director of	į		gs and make recom		i.
	Maintenance at the	exit conference on 2/7/11.		as need		mendacior	is!
K 064	NEPA 101 LIEE SA	FETY CODE STANDARD					į
SS≃D		TELL CODE STANDARD	! K OE	The fac	ility failed to	maintain	02-11-11
00-D		uishers are provided in all	Í	the fir	ce extinguishers.	The	:
	health care occurs	ncies in accordance with	i		ance director and		
	9.7.4.1. 19.3.5.6,	NEPA 10		adminis	trator conducted	an	
	,,	1117710			mental check on		
			ĺ		re all fire exti		
			i	were cl	ear of equipment	or other	
				obstac1	les. An in-service	e was	
				conduct	ed on 02-11-11 fo	or all	
	This STANDARD is	s not met as evidenced by:			o educate on acco		
	Based on observation	on it was determined the			ility of fire ex		
	facility failed to main	ntain the fire extinguishers.	1	An envi	ronmental check	ringuisne	is.
		3-110.0	İ	complet	ed every two (2)	viii be	
	The findings include:				tenance personne		1.
	y make			vieual	checks of fire ex	t to inci	.uae
	Observation of the front lobby on 2/7/11/at 9:00 AM, revealed the fire extinguisher was blocked		85	The set	ety officer/ C.N.	cringuisn	ers.
				andust	ety officer/ G.N.	A. WIII	
1	with equipment. Nat	tional Fire Protection		fine	a weekly inspect	lon or	
	Association (NFPA)	10, 1.6.3		ninetw	tinguishers for t	ne next	
:	T			ninecy	(90) days to ensu	ire compl	iance
	This finding was acl	nowledged by the		with en	vironmental check	is, then	
	Administrator and ve	erified by the Director of		monthry	thereafter for s	xix month	S
V 007	iviaintenance at the	exit conference on 2/7/11.			ort findings to t	he quali	ty
	NEPA 101 LIFE SAF	FETY CODE STANDARD	K 067		ce director/ L.P.		
SS=E	Heating ventilating	and alt conditioning		the has	ility failed to m	aintain¦(UZ-12 - 11
i	with the provisions of	and air conditioning comply of section 9.2 and are installed		air ac-	ting, ventilating	, and	
į	in accordance with t	ha manufacturare		ale con	ditioning systems	. Door	1
į				CIOSUTE	s were installed	on the	Ì
	19.5.2.2	.5.2.1, 9.2, NFPA 90A,			l biohazard room		
ļ				Kitchen	mop room doors o	n U2-12+	11
1		*		by the	maintenance direc	tor, All	
1					oors were assesse	d on	
	<u> </u>			cont.	to next page:		

DEPARTMENT OF HEALTH AND HU SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2011 FORM APPROVED OMB NO. 0938-0391

STATEMEN AND PLAN	Y OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MUL	TIPLE CONSTI NG 01 - I	RUCTION MAIN BUILDING 01	(X3) DAYE SURVEY COMPLETED
		445388	B. WING			02/07/2011
September 1	PROVIDER OR SUPPLIER ATIONS CENTER OF S	PENCER	1	REET ADDRE 87 GENERAT SPENCER,	SS, CITY, STATE, ZIP CODE IONS DRIVE TN 38585	JAIOTT LOTT
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EAC	ROVIDER'S PLAN OF CORRECT THE CORRECTIVE ACTION SHOU REFERENCED TO THE APPRI DEFICIENCY)	II D BE COMPLETION
SS=E	This STANDARD is Based on observation facility failed to mair and air condition systems. The findings include Observations of the 200 hall biohazard reclosures were missing Fire Protection Associated the Protection Associated the NFPA 101 LIFE SAFE Electrical wiring and with NFPA 70, National Fire Findings include: This STANDARD is Based on observation facility failed to main The findings include: (1) Observation of the 9:12 AM, revealed a used. National Fire Findings include: (2) Observation of the 2/7/11 at 9:30 AM, rewere blocked with a contract of the 2/7/11 at 9:30 AM, rewere and 2/7/11 at 9:30 AM, rewere and 2/7/11 at 9:30 AM, rewere and 2/7/11 at 9:30 AM, rewere and 2/7/11 at 9:30 AM, rewere and 2/7/11 at 9:30 AM, rewere and 2/7/11 at 9:30 AM, rewere and 2/7/11 at 9:30 AM, rewere and 2/7/11 at 9:30 AM, rewere and 2/7/11 at 9:30 AM, rewere and 2/7/11 at 9:30 AM, rewere and 2/7/11 at 9	s not met as evidenced by: cons it was determined the ntain the heating, ventilating stems (HVAC). kitchen mop room and the com revealed the door ng from the doors. National ociation (NFPA) 101, 19.5.2.1 cacknowledged by the erified by the Director of exil conference on 2/7/11. EETY CODE STANDARD equipment is in accordance onal Electrical Code. 9.1.2 not met as evidenced by: ns it was determined the tain the electrical system. e reception area on 2/7/11 at multiple plug adapter being rotection Association e 100 hall biohazard room on vealed the electrical panels cart. NFPA 70, 110-26(a)	K 067	o2-11-1 director complia The mai complet all door ensure and rep officer will ac director evaluat All fin the qua for rev needed. The fac the ele mainten an envi of all within The ada by the staff with to ensure of power The safe a weekly ninety thereafe are used safety of findings director monthly	from previous pay l by the maintenant or and found to be ince with (NFPA)101 ntenance director e a monthly visual rs requiring closs placement and cond ort findings to th / C.N.A. The safet company the mainter r quarterly during ions to ensure cond dings will be repol lity assurance cond iew and recommenda ility failed to ma ctrical system. Th ance director comp ronmental check on workstations and of the facility for a ptor was replaced maintenance direct ere in-serviced on re compliance with r strips versus ad ety officer will c y inspection for t (90) days and then ter, to ensure no i within the facil officer will repor s to the quality a r/ L.P.N. for revi- quality assurance to next page:	in 1,19.5.2.1 will check of litton he safety by officer/C.N.A enance wisual highlance. Fred to mittee ations as a lintain 02-17-11 he letted 102-07-11 or. All 102-11-11 the use aptors. Omplete he next monthly adaptors ity. The tall ssurance ew during
RM CMS-256	7(02-99) Previous Versions Of	bsolele Event ID: 53F721	F	Sh. ID. THOOK		

DEPARTMENT OF HEALTH AND HU SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2011 FORM APPROVED

STATEMENT OF DEFICIENCIES . AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	A. BUILDING 01		TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
***************************************		445388	B. WII	NG_			0210	7/2011
	PROVIDER OR SUPPLIER	500 5 A55 00 BETT 100 000		8	7 GENERA	SS, CITY, STATE, ZIP CODE TIONS DRIVE TN 38585		7172011
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFIGIENCY)		SHOULD BE COMPLE	
K 067	Continued From pa	ige 3	Κ(067				
K 147 SS≐E	Based on observation facility failed to mail and air condition sy The findings include Observations of the 200 hall biohazard in closures were miss. Fire Protection Assistance at the NFPA 101 LIFE SA Electrical wiring and with NFPA 70, National This STANDARD is		K 1	47	The mate complete on 02-0 electric the party the over the complete	from previous pagintenance directored an environment of the control of the contro	or ntal check all cart bloc on 02-07-1 ector, Sig	cking l gns
	facility failed to main The findings include	tain the electrical system.			to prev staff. the flo	ent blockage and Red tape was pla or approximately	educate ced along 2 1/2 fe	et
	9:12 AM, revealed a	e reception area on 2/7/11 at multiple plug adapter being Protection Association			in fron to main All sta O2-11-1 importa	t of the electri rain a free path ff were in-servi l through 02-15- nce of not block	cal panel to the p ced on ll on ing the	anel.
	2/7/11 at 9:30 AM, re	e 100 hall biohazard room on evealed the electrical panels cart. NFPA 70, 110-26(a)			electri will co of all next ni thereaf	cal panels. The mplete a weekly : electrical panel: nety (90) days a ter and report for lity assurance d	safety of inspections for the month! indings to	n y